

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	ARYLALKYLAMINO-SUBSTITUTED QUINAZOLINE ANALOGUES
Attorney Docket Number::	61386(72021)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rajagopal
Family Name::	Bakthavatchalam
City of Residence::	Madison
State or Province of Residence::	CT
Country of Residence::	US
Street of mailing address::	67 Hickory Lane
City of mailing address::	Madison
State or Province of mailing address::	CT
Postal or Zip Code of mailing address::	06443

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bertrand
Middle Name:: L.
Family Name:: Chenard
City of Residence:: Waterford
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 7 Whaling Drive
City of mailing address:: Waterford
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06385

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: M.
Family Name:: Peterson
City of Residence:: Durham
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 119 Maple Ave.
City of mailing address:: Durham
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06422

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Cheryl

Middle Name:: K.
Family Name:: Steenstra
City of Residence:: Bath
State or Province of Residence:: ME
Country of Residence:: US
Street of mailing address:: 15 North Street
City of mailing address:: Bath
State or Province of mailing address:: ME
Postal or Zip Code of mailing address:: 04530

Correspondence Information

Correspondence Customer Number:: 21874

Representative Information

Representative Customer Number:: 21874

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/US05/06697	03/04/05
PCT/US05/06697	An application claiming the benefit under 35 USC 119(e)	60/550,216	03/04/04

Assignee Information

Assignee name:: Neurogen Corporation
Street of mailing address:: 35 Northeast Industrial Road
City of mailing address:: Branford
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06405